

Carolina's Health Electronic Surveillance System

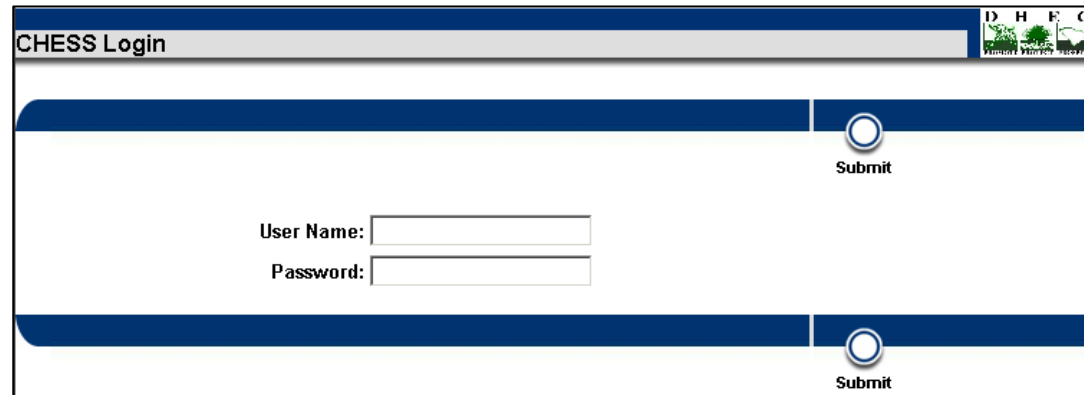


For Providers

To begin your CHESS session, open your internet browser and enter the following address:

<https://chessweb.dhec.sc.gov>

This will take you to the CHESS login screen. Enter the User Name and Password that you have been assigned, then Click Submit



The screenshot shows a web browser window with the title "CHESS Login". The page has a blue header bar with the text "CHESS Login" on the left and a small logo on the right. Below the header, there is a large white area with a blue border. In the center of this area, there are two input fields: "User Name:" and "Password:". To the right of each input field is a "Submit" button, which is a blue circle with a white border. The "Submit" button for the "User Name:" field is positioned above the "Submit" button for the "Password:" field.

This will take you to the CHESS home page.

Home | Data Entry | Help | Logout

Homepage

User: Lisa Still




***** ANNOUNCEMENTS and LINKS *****

[CHESS Homepage](#)

Scheduled Maintenance:

You are now ready to begin data entry. Click on Data Entry and Click on Morbidity Report or Lab Report.



 **Do not click the Submit button until both the Patient and Report Information tabs are filled out. Otherwise, you will not submit all of the data that you wish to send.**

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The Report Information Tab

You can use the links at the top to jump down to different sections.

Any field that is marked in red with an asterisk (*) is required.

Select the **Condition** from the drop down box.

Select your **Jurisdiction**.

Leave the “Share record with Guests...” option checked.

The **Morbidity Report Type** can be initial or update. Initial is used if you are reporting this illness for the first time.

Report delivery method: Not required, but you may enter “Web entry”

Date of Morbidity Report: Today’s date.

Reporting Facility: Enter the Quick Code for your facility in the box on the right, and click . If this does not work, you may also search for your facility by clicking the button. Click to delete the facility if it is entered incorrectly.

Provider: Enter the Quick Code for the provider, click

Reporter: Enter your Quick Code, click .

Date of Onset: Date patient became ill, if known.

Date of Diagnosis: Date that the illness was diagnosed.

Did the patient die from this illness: Answer only if known.

Was the patient hospitalized for this illness: Answer only if known

Answering “yes” to any of these questions may cause additional questions to appear. Answer as appropriate.

Epidemiological Information: Enter only if answer is known. Otherwise, leave blank.

Report Information [Back to Top](#)

** Indicates a required field*

* Condition:

Program Area:

* Jurisdiction:

☒ Share record with Guests for this Program Area and Jurisdiction

* Morbidity Report Type:

Report Delivery Method:

* Date of Morbidity Report:

Date Received by Public Health:

Facility and Provider Information

* Reporting Facility: There is no Reporting Facility selected.

Provider: There is no Provider selected.

Reporter: There is no Reporter selected.

Clinical Information

Date of Onset:

Date of Diagnosis:

Did patient die from this illness?

Was the patient hospitalized for this illness?

Epidemiological Information

Which of the following apply to this patient?

Pregnant:

Food Handler:

Associated with Day Care Facility:

Affiliated with Nursing Home:

Affiliated with Health Care Organization:

The Report Information Tab – Labs and Treatments

You may or may not have lab and treatment information to include in the Morbidity Report.

Enter the **Collection Date** and **Lab Report Date**, if available.

Enter the **Resulted Test**, either from the drop down box or by clicking the Specimen Information is optional.

If you enter a lab test, you **MUST** include at least one of the following: **Coded Result, Numeric Result, Text Result**. For any result that is not numeric, check to be sure that your result is not listed in the Coded Result list before using Text Result. If using a Numeric Result, be sure to include the unit in the box to the right of the numeric value.

Result Comments are optional.

Select **Add Lab Report** after each lab is entered.

Enter the **Treatment Date**, if available.

Select the **Treatment** from the drop-down box.

Treatment Comments are optional.

Select **Add Treatment** after each lab is entered.

Enter any additional **Comments** that you wish.

Leave Retain Patient for next entry unchecked.

Click **Submit** only after you have completed all of your data entry.



Because you can enter more than one lab or treatment

Add Lab Report or **Add Treatment** after each lab or treatment that you wish to include.

Lab Report Information

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Resulted Test	Result(s)
Collection Date: <input type="text"/> <small>mm/dd/yyyy</small>	Lab Report Date: <input type="text"/> <small>mm/dd/yyyy</small>
<small>(Required for Add/Update Lab Report)</small>	
Resulted Test: <input type="text"/>	<input type="button" value="Search"/> <input type="button" value="Clear"/>
Specimen Information: <input type="text"/>	
Coded Result: <input type="text"/>	
Numeric Result: <input type="text"/>	
Text Result: <input type="text"/>	
Result Comments: <input type="text"/>	
<input type="button" value="Add Lab Report"/>	

Treatment Information

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Date	Treatment
<small>(Required for Add/Update Treatment)</small>	
Treatment Date: <input type="text"/> <small>mm/dd/yyyy</small>	
<small>(Required for Add/Update Treatment)</small>	
Treatment: <input type="text"/>	
Treatment Comments: <input type="text"/>	
<input type="button" value="Add Treatment"/>	

Administrative

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Comments: <input type="text"/>
<input type="checkbox"/> Retain Patient for next entry

Patient Report Information